

## Please answer the questions below.

When you answer the questions, they will automatically fill in that information where it belongs on the following forms that you will be filing with the court. Do not leave any questions blank. Any changes you make must be made to these questions; you will not be able to modify your answers in the forms themselves. Please have all of your information handy when you are answering these questions.

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1. What is the name of the County where you will be filing this divorce? \_\_\_\_\_
2. What is your full name?  
\_\_\_\_\_
3. What is your street address?  
\_\_\_\_\_
4. What is your town, state, and ZIP Code?  
\_\_\_\_\_
5. What is your telephone number, with area code? \_\_\_\_\_
6. What is your email address? \_\_\_\_\_
7. If you have a fax machine number and want to receive service by fax machine, what is your fax machine number, with area code? \_\_\_\_\_
8. If you have used the Attorney General Confidential address in any related cases, select "X": \_\_\_\_\_
9. What is your spouse's full name?  
\_\_\_\_\_
10. What is your spouse's street address?  
\_\_\_\_\_
11. What is your spouse's town, state and ZIP Code?  
\_\_\_\_\_
12. Are there are other Court cases involving yourself and the other party? \_\_\_\_\_ Yes \_\_\_\_\_ No
13. If you selected "Yes," for each case you and the other party are involved, what is the name of the Court and Case Number. If you selected "No," skip to the next question.

Caption: \_\_\_\_\_

Case Number: \_\_\_\_\_

Caption: \_\_\_\_\_

Case Number: \_\_\_\_\_

Caption: \_\_\_\_\_

Case Number: \_\_\_\_\_

Caption: \_\_\_\_\_

Case Number: \_\_\_\_\_

Caption: \_\_\_\_\_

Case Number: \_\_\_\_\_

Caption: \_\_\_\_\_

Case Number: \_\_\_\_\_

14. What is the date that you and your spouse were married? \_\_\_\_\_

15. What is the date that you and your spouse were separated? \_\_\_\_\_

16. Type the name of the person (either you or your spouse) who has lived in the county you will be filing your divorce in for at least the last three months and who has lived in the state of Indiana for at least the last six months.

\_\_\_\_\_

17. There \_\_\_\_\_ real estate

18. Are there debts and property that need to be divided?      Yes      No

If "yes," list them individually below:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

19. Does the wife want her former name restored?      Yes      No

If "yes," what is the former name she wishes to have restored?

\_\_\_\_\_

20. Do you and your spouse have debt that still needs to be divided?      Yes      No

If you answered "yes," for the debt you will be paying, please type the name of who is owed and how much is owed.

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

For the debt your spouse will be paying, type the name of who is owed and how much is owed.

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

21. Do you and your spouse have vehicles that still need to be divided? Yes No

If you answered "yes," please type the Make, Model and Year of the vehicle(s) that you will take possession.

Vehicle #1: \_\_\_\_\_

Vehicle #2: \_\_\_\_\_

Please type the Make, Model and Year of the vehicle(s) that your spouse will take possession.

Vehicle #1: \_\_\_\_\_

Vehicle #2: \_\_\_\_\_

22. Do you and your spouse have property that still needs to be divided? Yes No

If you answered "yes," please list the property that you will take possession.

Please list the property that your spouse will take possession.

23. For service of this divorce packet, how do you want your spouse to be served? **Please note, there is an additional charge for service by Sheriff. You will need to talk to the Clerk to find the amount you will be charged.**

I want my spouse served by Certified Mail

I want my spouse served by Sheriff at their home address

I want my spouse served by Sheriff at their job, their employer name and address is:

\_\_\_\_\_

You have finished answering the questions. The following pages are the forms that you will be printing and then filing with the court. Please look over them to make sure the information is correct before you print them out. If you have changes, you must make them to the questions above. Once you have printed this packet, make sure you sign it on the Signature line. Your signature must be on these forms before you make copies and file it with the court.

STATE OF INDIANA ) IN THE SUPERIOR/CIRCUIT COURT  
 ) SS:  
COUNTY OF ) CASE NO.

IN RE THE MARRIAGE OF:

Petitioner,

V.

Respondent.

**APPEARANCE BY SELF-REPRESENTED PERSON IN CIVIL CASE**

**This Appearance Form must be filed on behalf of every party in a civil case.**

1. My Name is: \_\_\_\_\_ and I am

Initiating (filing)  X ;

Responding (answering or defending) \_\_\_\_\_; or

Intervening \_\_\_\_\_;

in this case and am representing myself.

2. Contact information for receiving legal service of documents and case information is required by Court Rules: *(NOTE: If you are the Initiating party and this case, or a related case, involves a protection from abuse order, a workplace violence restraining order, or a no-contact order, you must provide an address for the purpose of legal service of documents but that address should not be one that exposes the whereabouts of a petitioner)*

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

OR, if in the related case, you have used the Attorney General Confidential address, you may check the box below:

\_\_\_\_ Attorney General confidential address (contact the Attorney General at 1-800-321-1907 or e-mail address is **confidential@atg.state.in.us**).

3. This is a \_\_\_\_\_ case type as defined in administrative Rule 8(B)(3).  
*(Clerk will supply this information.)*

4. I will accept service by FAX at the following number \_\_\_\_\_

5. This case is a domestic relations matter, involves reciprocal enforcement of support, paternity, delinquency, Child in Need of Services (CHINS), guardianship, or any other proceedings in which support may be an issue, and social security numbers of all family members are supplied on a separately attached document (Form TCM-TR3.1-4) filed as confidential information on light green paper.

\_\_\_\_\_ Yes        X   No

6. There are related cases: Yes\_\_\_\_\_ No \_\_\_\_\_ (*If yes, please indicate below.*)

Caption and case number of related cases:

Caption:\_\_\_\_\_ Case Number: \_\_\_\_\_

Caption:\_\_\_\_\_ Case Number: \_\_\_\_\_

Caption:\_\_\_\_\_ Case Number: \_\_\_\_\_

Caption:\_\_\_\_\_ Case Number: \_\_\_\_\_

Caption:\_\_\_\_\_ Case Number: \_\_\_\_\_

Caption:\_\_\_\_\_ Case Number: \_\_\_\_\_

7. Additional information required by local rule:

\_\_\_\_\_

\_\_\_\_\_  
Self-Represented Party

STATE OF INDIANA                                 )     IN THE                                 SUPERIOR/CIRCUIT COURT  
  ) SS:  
COUNTY OF   )     CASE NO.

IN RE THE MARRIAGE OF:

Petitioner,

V.

Respondent.

**VERIFIED PETITION FOR DISSOLUTION OF MARRIAGE**

The Petitioner, \_\_\_\_\_, now states:

1.     Petitioner and Respondent were married on \_\_\_\_\_, and separated on \_\_\_\_\_.
2.     \_\_\_\_\_ has been a continuous resident of \_\_\_\_\_ County for the last 3 months.
3.     \_\_\_\_\_ has been a continuous resident of the State of Indiana for the last 6 months.
4.     There are no children of the marriage and the Wife is not pregnant.
5.     Debts and property:

        There \_\_\_\_\_ real estate

        There are no debts / personal property to divide.

        Petitioner wishes the Court to divide the following debts / personal property:

- a.     \_\_\_\_\_
- b.     \_\_\_\_\_
- c.     \_\_\_\_\_
- d.     \_\_\_\_\_

6.     Neither party is a member of the military.
7.     This marriage has suffered an irretrievable breakdown and should be dissolved.

8. Change of name:

Wife would like her former name of \_\_\_\_\_ restored to her.

Wife does not want to change her name.

I request that this Court issue its order dissolving the marriage of the parties, and for all other just and proper relief.

I affirm under the penalties of perjury that the foregoing representations are true.

\_\_\_\_\_  
Signature





STATE OF INDIANA                                 )     IN THE                                 SUPERIOR/CIRCUIT COURT  
  ) SS:  
COUNTY OF   )     CASE NO.

IN RE THE MARRIAGE OF:

Petitioner,

V.

Respondent.

**DECREE OF DISSOLUTION OF MARRIAGE AND SETTLEMENT AGREEMENT**

The parties having submitted their Settlement Agreement and the Court having seen and considered the Verified Petition for Dissolution of Marriage and Verified Waiver of Final Hearing submitted by the parties, now approves the following agreement:

1. The parties were married on \_\_\_\_\_, and separated on \_\_\_\_\_.
2. \_\_\_\_\_ has been a continuous resident of \_\_\_\_\_ County for the last three months, and the State of Indiana for the last six months prior to the filing of the Verified Petition for Dissolution of Marriage.
3. Wife is not pregnant and there are no children of the marriage.
4. Neither party is a member of the military.
5. The parties have agreed on the following debt division:

The parties already have divided their debts.

Petitioner will be solely responsible for and shall hold Respondent harmless from, the following debts:

<u><i>Name of Creditor</i></u>	<u><i>Amount of Debt</i></u>
_____	_____
_____	_____
_____	_____

Respondent will be solely responsible for, and shall hold Petitioner harmless from the following debts:

***Name of Creditor***

***Amount of Debt***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. The parties have agreed on the following vehicle division:

There are no vehicles to divide.

Petitioner will have sole possession of the following vehicles, and Respondent shall execute all documents necessary to transfer title of said vehicles within thirty (30) days of the date of this Order:

\_\_\_\_\_  
***Vehicle #1, Make, Model, and Year***

\_\_\_\_\_  
***Vehicle #2, Make, Model, and Year***

Respondent will have sole possession of the following vehicles, and Petitioner shall execute all documents necessary to transfer title of said vehicles within thirty (30) days of the date of this Order:

\_\_\_\_\_  
***Vehicle #1, Make, Model, and Year***

\_\_\_\_\_  
***Vehicle #2, Make, Model, and Year***

7. The parties have agreed on the following property division:

The parties already have divided all items of property.

Petitioner will have sole possession of the following items of property:

Respondent will have sole possession of the following items of property:

8. The marriage has suffered an irretrievable breakdown and should be dissolved.

9. Change of names:

Wife would like her maiden name or previous married name of

\_\_\_\_\_ restored to her.

Wife does not want to change her name.

The parties have disclosed all relevant documents and exchanged all information on value of property, pensions, real estate, and other assets and debts. The parties agree that this division of property is/is not an approximate equal division of the assets and debts. The parties agree that if this division is not a nearly equal division, that the deviation from the presumptive equal division should be accepted by the Court because it is the parties' agreement and neither party has been forced or threatened to accept this agreement.

I affirm under the penalties of perjury that the foregoing representations are true.

\_\_\_\_\_  
Your Signature

STATE OF INDIANA                    )  
  )     SS:  
COUNTY OF \_\_\_\_\_ )

Before me, \_\_\_\_\_, a notary public in and for \_\_\_\_\_ County, State of Indiana, personally appeared \_\_\_\_\_, and he being first duly sworn upon his/her oath, says that the facts alleged in the foregoing instrument are true.

Date \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES:

\_\_\_\_\_  
Spouse's Signature

STATE OF INDIANA                    )  
  )     SS:  
COUNTY OF \_\_\_\_\_ )

Before me, \_\_\_\_\_, a notary public in and for \_\_\_\_\_ County, State of Indiana, personally appeared \_\_\_\_\_, and he being first duly sworn upon his/her oath, says that the facts alleged in the foregoing instrument are true.

Date \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES:

**IT IS THEREFORE ORDERED** by the Court that the parties' marriage is hereby dissolved, and the terms of their agreement as set out above shall be incorporated into this Order.

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Date

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Judge

Distribution:

STATE OF INDIANA ) IN THE SUPERIOR/CIRCUIT COURT  
 ) SS:  
COUNTY OF ) CASE NO.

IN RE THE MARRIAGE OF:

Petitioner,

V.

Respondent.

**SUMMONS**

[For Dissolution of Marriage Cases Only]

The State of Indiana to Respondent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You have been sued by your spouse for dissolution of your marriage. The case is pending in the Court named above.

In order to participate in the proceedings, you must enter a written appearance in person or by your attorney. In the event you do not enter a written appearance within sixty (60) days of the date hereof, your marriage can be dissolved by Decree of the Court by default. In the event a Decree is entered by default, it may contain a judgment against you and provisions regarding the distribution of assets and payment of debts. The Decree may also require you to take actions or refrain from actions in order to carry out the terms of the Court's Decree. If you do not enter a written appearance, you will receive no further notice of these proceedings.

If you wish to countersue, you must do so by written petition filed herein not more than sixty (60) days from the date hereof.

Dated: \_\_\_\_\_  
Clerk, \_\_\_\_\_ County

The following manner of Service of Summons is hereby designated:

Registered / Certified Mail to be sent by the Clerk

Service by Sheriff on Individual at address shown above

Service by Sheriff at place of employment, **(name and address of spouse's employer):**

\_\_\_\_\_

### SHERIFF'S RETURN OF SERVICE OF SUMMONS

I hereby certify that I have served this summons on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_:

1. By delivering a copy of the Summons and a copy of the complaint to the Respondent identified on the first page of Summons.

2. By leaving a copy of the Summons and a copy of the complaint at \_\_\_\_\_, which is the dwelling place or usual place of abode of \_\_\_\_\_ and by mailing a copy of the Summons to the Respondent at the above address.

3. Other Service or Remarks: \_\_\_\_\_

\_\_\_\_\_  
Sheriff's Costs

\_\_\_\_\_  
Sheriff

By: \_\_\_\_\_  
Deputy

### CLERK'S CERTIFICATE OF MAILING

I hereby certify that on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I mailed a copy of this Summons and a copy of the Petition to the Respondent identified on the first page of the Summons by (registered or certified mail), [ ] requesting a return receipt, at the address provided by the Petitioner.

Dated: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Clerk, \_\_\_\_\_ County

By: \_\_\_\_\_  
Deputy

### RETURN ON SERVICE OF SUMMONS BY MAIL

I hereby certify that the attached receipt was received by me showing that the Summons and a copy of the Complaint mailed to the Respondent identified on the 1<sup>st</sup> page of this Summons was accepted by the Respondent on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

I hereby certify that the attached return receipt was received by me showing that the Summons and a copy of the Complaint was returned not accepted on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

I hereby certify that the attached return receipt was received by me showing that the Summons and a copy of the Complaint mailed to the Respondent identified on the 1<sup>st</sup> page of this Summons was accepted by \_\_\_\_\_ on behalf of the Respondent on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Clerk, \_\_\_\_\_ County

By: \_\_\_\_\_  
Deputy